



U.S. Department of Justice
Office of the United States Trustee
Region 2

Eastern District of New York

IN RE:	}	CHAPTER 11
	}	
ORION HEALTHCORP., INC., ET AL.,	}	CASE NO. 18-71748
	}	
	}	
DEBTOR.	}	

**DEBTOR'S POST-CONFIRMATION
MONTHLY OPERATING REPORT
FOR THE PERIOD**

FROM 1-Mar-21 **TO** 31-Mar-21

Comes now the above-named debtor and files its Post-Confirmation Monthly Operating Report in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

In accordance with 28 U.S.C. Section 1746, I declare under penalty of perjury that I have examined the information contained in this report and it is true and correct to the best of my knowledge.

Signed: 

Date: 04/12/2021

Howard M. Ehrenberg
Print Name

Chapter 11 Liquidating Trustee
Title

Liquidating Trustee's Address
and Phone Number:
333 South Grand Avenue
Suite 3400
Los Angeles, CA 90071
hehrenberg@sulmeyerlaw.com
Tel. 213.626.2311

Attorney's Address
and Phone Number:
Duane Morris LLP
230 Park Avenue
New York, New York 10169
Bar No. _____
Tel. 212-818-9200

Attorney's Address
and Phone Number:
SulmeyerKupetz
333 South Grand Avenue, Suite 3400
Los Angeles, CA 90071
Bar No. _____
Tel. 213-626-2311

Note: The original Monthly Operating Report is to be filed with the Court and a copy simultaneously provided to the United States Trustee. Monthly Operating Reports must be filed by the 20th day of the following month.

MONTHLY OPERATING REPORT -
POST CONFIRMATION

ATTACHMENT NO. 1

QUESTIONNAIRE		
	YES*	NO
1. Have any assets been sold or transferred outside the normal course of business, or outside the Plan of Reorganization during this reporting period?		X
2. Are any post-confirmation sales or payroll taxes past due?		X
3. Are any amounts owed to post-confirmation creditors/vendors over 90 days delinquent?		X
4. Is the Debtor current on all post-confirmation plan payments?	X	

*If the answer to any of the above questions is "YES," provide a detailed explanation of each item on a separate sheet.

INSURANCE INFORMATION		
	YES	NO*
1. Are real and personal property, vehicle/auto, general liability, fire, theft, worker's compensation, and other necessary insurance coverages in effect?		X
2. Are all premium payments current?	X	

*If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

CONFIRMATION OF INSURANCE			
TYPE of POLICY and CARRIER	Period of Coverage	Payment Amount and Frequency	Delinquency Amount

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:
<p>Estimated Date of Filing the Application for Final Decree: December 31, 2021</p>

MONTHLY OPERATING REPORT -
POST CONFIRMATION

ATTACHMENT NO. 2

CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS

Case Name:	Orion HealthCorp., Inc., et al.
Case Number:	18-71748
Date of Plan Confirmation:	

All items must be answered. Any which do not apply should be answered "none" or "N/A".

	Monthly	Post Confirmation Total
1. CASH (Beginning of Period)	\$60,634,659.07	\$284,003,442.50
2. INCOME or RECEIPTS during the Period	\$13,259,300.85	\$ See attached Form 2
3. DISBURSEMENTS		
a. Operating Expenses (Fees/Taxes):		
(i) U.S. Trustee Quarterly Fees		\$
(ii) Federal Taxes		
(iii) State Taxes		
(iv) Other Taxes		
b. All Other Operating Expenses:	\$13,997,523.99	\$
Add Back Checks	- \$8,909.00	
c. Plan Payments:*		
(i) Administrative Claims		\$
(ii) Class One		
(iii) Class Two		
(iv) Class Three		
(v) Class Four		
(Attach additional pages as needed)		
Total Disbursements (Operating & Plan)	\$13,988,614.99	
1. CASH (End of Period)	\$59,905,344.93	\$

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

MONTHLY OPERATING REPORT -
POST CONFIRMATION

ATTACHMENT NO. 3

CHAPTER 11 POST-CONFIRMATION
BANK ACCOUNT RECONCILIATIONS

Bank Account Information	Account #1	Account #2	Account #3	Account #4
Name of Bank:	Metropolitan Commercial Bank	Metropolitan Commercial Bank	Metropolitan Commerical Bank	Metropolitan Commerical Bank
Account Number:	xxxx2973	xxxx7398	xxxx2415	xxxx3515
Purpose of Account (Operating/Payroll/Tax)	Money Market	Operating	Operating	Operating
Type of Account (e.g. checking)	Money Market	Checking	Checking	Checking
1. Balance per Bank Statement	\$ 4,263,946.54	\$ -	\$119,603.79	\$55,521,794.60
2. ADD: Deposits not credited				
3. SUBTRACT: Outstanding Checks			(\$8,909.00)	
4. Other Reconciling Items				
5. Month End Balance (Must Agree with Books)	\$ 4,263,946.54	\$ -	\$110,694.79	\$55,521,794.60

Note: Attach copy of each bank statement and bank reconciliation.

Investment Account Information	Date of Purchase	Type of Instrument	Purchase Price	Current Value
Bank / Account Name / Number				

Note: Attach copy of each investment account statement.

MONTHLY OPERATING REPORT -
POST CONFIRMATION

ATTACHMENT NO. 2

CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS

Case Name:	Constellation Healthcare Technologies, Inc.
Case Number:	18-71749
Date of Plan Confirmation:	

All items must be answered. Any which do not apply should be answered "none" or "N/A".

	Monthly	Post Confirmation Total
1. CASH (Beginning of Period)	\$ none	none
2. INCOME or RECEIPTS during the Period	\$ none	\$
3. DISBURSEMENTS		
a. Operating Expenses (Fees/Taxes):		
(i) U.S. Trustee Quarterly Fees	\$	\$
(ii) Federal Taxes		
(iii) State Taxes		
(iv) Other Taxes		
b. All Other Operating Expenses:	\$	\$
c. Plan Payments:*		
(i) Administrative Claims	\$	\$
(ii) Class One		
(iii) Class Two		
(iv) Class Three		
(v) Class Four		
(Attach additional pages as needed)		
Total Disbursements (Operating & Plan)	\$ none	\$
1. CASH (End of Period)	\$ none	\$

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

**CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS**

Case Name: NEMS Acquisition, LLC
Case Number: 18-71750
Date of Plan Confirmation:

All items must be answered. Any which do not apply should be answered "none" or "N/A".

1. CASH (Beginning of Period)

Monthly	Post Confirmation Total
\$ none	none

2. INCOME or RECEIPTS during the Period

\$ none	\$
---------	----

3. DISBURSEMENTS

a. Operating Expenses (Fees/Taxes):

- (i) U.S. Trustee Quarterly Fees
- (ii) Federal Taxes
- (iii) State Taxes
- (iv) Other Taxes

\$	\$

b. All Other Operating Expenses:

\$	\$

c. Plan Payments:*

- (i) Administrative Claims
- (ii) Class One
- (iii) Class Two
- (iv) Class Three
- (v) Class Four

\$	\$

(Attach additional pages as needed)

Total Disbursements (Operating & Plan)

\$ none	\$
---------	----

1. CASH (End of Period)

\$ none	\$
---------	----

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

**CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS**

Case Name: Northeast Medical Solutions, LLC
Case Number: 18-71751
Date of Plan Confirmation:

All items must be answered. Any which do not apply should be answered "none" or "N/A".

1. CASH (Beginning of Period)

Monthly	Post Confirmation Total
\$ none	none

2. INCOME or RECEIPTS during the Period

\$ none	\$
---------	----

3. DISBURSEMENTS

a. Operating Expenses (Fees/Taxes):

- (i) U.S. Trustee Quarterly Fees
- (ii) Federal Taxes
- (iii) State Taxes
- (iv) Other Taxes

\$	\$

b. All Other Operating Expenses:

\$	\$

c. Plan Payments:*

- (i) Administrative Claims
- (ii) Class One
- (iii) Class Two
- (iv) Class Three
- (v) Class Four

\$	\$

(Attach additional pages as needed)

Total Disbursements (Operating & Plan)

\$ none	\$
---------	----

1. CASH (End of Period)

\$ none	\$
---------	----

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

**CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS**

Case Name: NEMS West Viringia, LLC
Case Number: 18-71752
Date of Plan Confirmation:

All items must be answered. Any which do not apply should be answered "none" or "N/A".

1. CASH (Beginning of Period)

Monthly	Post Confirmation Total
\$ none	none

2. INCOME or RECEIPTS during the Period

\$ none	\$
---------	----

3. DISBURSEMENTS

a. Operating Expenses (Fees/Taxes):

- (i) U.S. Trustee Quarterly Fees
- (ii) Federal Taxes
- (iii) State Taxes
- (iv) Other Taxes

\$	\$

b. All Other Operating Expenses:

\$	\$

c. Plan Payments:*

- (i) Administrative Claims
- (ii) Class One
- (iii) Class Two
- (iv) Class Three
- (v) Class Four

\$	\$

(Attach additional pages as needed)

Total Disbursements (Operating & Plan)

\$ none	\$
---------	----

1. CASH (End of Period)

\$ none	\$
---------	----

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

**CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS**

Case Name: Physicians Practice Plus, LLC
Case Number: 18-71753
Date of Plan Confirmation:

All items must be answered. Any which do not apply should be answered "none" or "N/A".

1. CASH (Beginning of Period)

Monthly	Post Confirmation Total
\$ none	none

2. INCOME or RECEIPTS during the Period

\$ none	\$
---------	----

3. DISBURSEMENTS

a. Operating Expenses (Fees/Taxes):

- (i) U.S. Trustee Quarterly Fees
- (ii) Federal Taxes
- (iii) State Taxes
- (iv) Other Taxes

\$	\$

b. All Other Operating Expenses:

\$	\$

c. Plan Payments:*

- (i) Administrative Claims
- (ii) Class One
- (iii) Class Two
- (iv) Class Three
- (v) Class Four

\$	\$

(Attach additional pages as needed)

Total Disbursements (Operating & Plan)

\$ none	\$
---------	----

1. CASH (End of Period)

\$ none	\$
---------	----

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

**CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS**

Case Name: Physicians Practice Plus Holdings, LLC
Case Number: 18-71754
Date of Plan Confirmation:

All items must be answered. Any which do not apply should be answered "none" or "N/A".

1. CASH (Beginning of Period)

Monthly	Post Confirmation Total
\$ none	none

2. INCOME or RECEIPTS during the Period

\$ none	\$
---------	----

3. DISBURSEMENTS

a. Operating Expenses (Fees/Taxes):

- (i) U.S. Trustee Quarterly Fees
- (ii) Federal Taxes
- (iii) State Taxes
- (iv) Other Taxes

\$	\$

b. All Other Operating Expenses:

\$	\$

c. Plan Payments:*

- (i) Administrative Claims
- (ii) Class One
- (iii) Class Two
- (iv) Class Three
- (v) Class Four

\$	\$

(Attach additional pages as needed)

Total Disbursements (Operating & Plan)

\$ none	\$
---------	----

1. CASH (End of Period)

\$ none	\$
---------	----

*** This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.**

**CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS**

Case Name: Medical Billing Services, Inc.
Case Number: 18-71755
Date of Plan Confirmation:

All items must be answered. Any which do not apply should be answered "none" or "N/A".

1. CASH (Beginning of Period)

Monthly	Post Confirmation Total
\$ none	none

2. INCOME or RECEIPTS during the Period

\$ none	\$
---------	----

3. DISBURSEMENTS

a. Operating Expenses (Fees/Taxes):

- (i) U.S. Trustee Quarterly Fees
- (ii) Federal Taxes
- (iii) State Taxes
- (iv) Other Taxes

\$	\$

b. All Other Operating Expenses:

\$	\$

c. Plan Payments:*

- (i) Administrative Claims
- (ii) Class One
- (iii) Class Two
- (iv) Class Three
- (v) Class Four

\$	\$

(Attach additional pages as needed)

Total Disbursements (Operating & Plan)

\$ none	\$
---------	----

1. CASH (End of Period)

\$ none	\$
---------	----

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

**CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS**

Case Name: Rand Medical Billing, Inc.
Case Number: 18-71756
Date of Plan Confirmation:

All items must be answered. Any which do not apply should be answered "none" or "N/A".

1. CASH (Beginning of Period)

Monthly	Post Confirmation Total
\$ none	none

2. INCOME or RECEIPTS during the Period

\$ none	\$
---------	----

3. DISBURSEMENTS

a. Operating Expenses (Fees/Taxes):

- (i) U.S. Trustee Quarterly Fees
- (ii) Federal Taxes
- (iii) State Taxes
- (iv) Other Taxes

\$	\$

b. All Other Operating Expenses:

\$	\$

c. Plan Payments:*

- (i) Administrative Claims
- (ii) Class One
- (iii) Class Two
- (iv) Class Three
- (v) Class Four

\$	\$

(Attach additional pages as needed)

Total Disbursements (Operating & Plan)

\$ none	\$
---------	----

1. CASH (End of Period)

\$ none	\$
---------	----

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

**CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS**

Case Name: RMI Physician Services Corporation
Case Number: 18-71757
Date of Plan Confirmation:

All items must be answered. Any which do not apply should be answered "none" or "N/A".

1. CASH (Beginning of Period)

Monthly	Post Confirmation Total
\$ none	none

2. INCOME or RECEIPTS during the Period

\$ none	\$
---------	----

3. DISBURSEMENTS

a. Operating Expenses (Fees/Taxes):

- (i) U.S. Trustee Quarterly Fees
- (ii) Federal Taxes
- (iii) State Taxes
- (iv) Other Taxes

\$	\$

b. All Other Operating Expenses:

\$	\$

c. Plan Payments:*

- (i) Administrative Claims
- (ii) Class One
- (iii) Class Two
- (iv) Class Three
- (v) Class Four

\$	\$

(Attach additional pages as needed)

Total Disbursements (Operating & Plan)

\$ none	\$
---------	----

1. CASH (End of Period)

\$ none	\$
---------	----

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

**CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS**

Case Name: Integrated Physician Solutions, Inc.
Case Number: 18-71759
Date of Plan Confirmation:

All items must be answered. Any which do not apply should be answered "none" or "N/A".

1. CASH (Beginning of Period)

Monthly	Post Confirmation Total
\$ none	none

2. INCOME or RECEIPTS during the Period

\$ none	\$
---------	----

3. DISBURSEMENTS

a. Operating Expenses (Fees/Taxes):

- (i) U.S. Trustee Quarterly Fees
- (ii) Federal Taxes
- (iii) State Taxes
- (iv) Other Taxes

\$	\$

b. All Other Operating Expenses:

\$	\$

c. Plan Payments:*

- (i) Administrative Claims
- (ii) Class One
- (iii) Class Two
- (iv) Class Three
- (v) Class Four

\$	\$

(Attach additional pages as needed)

Total Disbursements (Operating & Plan)

\$ none	\$
---------	----

1. CASH (End of Period)

\$ none	\$
---------	----

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

**CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS**

Case Name: NYNM Acquisition, LLC
Case Number: 18-71760
Date of Plan Confirmation:

All items must be answered. Any which do not apply should be answered "none" or "N/A".

1. CASH (Beginning of Period)

Monthly	Post Confirmation Total
\$ none	none

2. INCOME or RECEIPTS during the Period

\$ none	\$
---------	----

3. DISBURSEMENTS

a. Operating Expenses (Fees/Taxes):

- (i) U.S. Trustee Quarterly Fees
- (ii) Federal Taxes
- (iii) State Taxes
- (iv) Other Taxes

\$	\$

b. All Other Operating Expenses:

\$	\$
----	----

c. Plan Payments:*

- (i) Administrative Claims
- (ii) Class One
- (iii) Class Two
- (iv) Class Three
- (v) Class Four

\$	\$

(Attach additional pages as needed)

Total Disbursements (Operating & Plan)

\$ none	\$
---------	----

1. CASH (End of Period)

\$ none	\$
---------	----

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

**CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS**

Case Name: Northstar FHA, LLC
Case Number: 18-71761
Date of Plan Confirmation:

All items must be answered. Any which do not apply should be answered "none" or "N/A".

1. CASH (Beginning of Period)

Monthly	Post Confirmation Total
\$ none	none

2. INCOME or RECEIPTS during the Period

\$ none	\$
---------	----

3. DISBURSEMENTS

a. Operating Expenses (Fees/Taxes):

- (i) U.S. Trustee Quarterly Fees
- (ii) Federal Taxes
- (iii) State Taxes
- (iv) Other Taxes

\$	\$

b. All Other Operating Expenses:

\$	\$

c. Plan Payments:*

- (i) Administrative Claims
- (ii) Class One
- (iii) Class Two
- (iv) Class Three
- (v) Class Four

\$	\$

(Attach additional pages as needed)

Total Disbursements (Operating & Plan)

\$ none	\$
---------	----

1. CASH (End of Period)

\$ none	\$
---------	----

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

**CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS**

Case Name: Northstar First Health, LLC
Case Number: 18-71762
Date of Plan Confirmation:

All items must be answered. Any which do not apply should be answered "none" or "N/A".

	Monthly	Post Confirmation Total
1. CASH (Beginning of Period)	\$ none	none
2. INCOME or RECEIPTS during the Period	\$ none	\$
3. DISBURSEMENTS		
a. Operating Expenses (Fees/Taxes):		
(i) U.S. Trustee Quarterly Fees	\$	\$
(ii) Federal Taxes		
(iii) State Taxes		
(iv) Other Taxes		
b. All Other Operating Expenses:	\$	\$
c. Plan Payments:*		
(i) Administrative Claims	\$	\$
(ii) Class One		
(iii) Class Two		
(iv) Class Three		
(v) Class Four		
(Attach additional pages as needed)		
Total Disbursements (Operating & Plan)	\$ none	\$
1. CASH (End of Period)	\$ none	\$

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

**CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS**

Case Name: Vachette Business Services, Ltd.
Case Number: 18-71763
Date of Plan Confirmation:

All items must be answered. Any which do not apply should be answered "none" or "N/A".

1. CASH (Beginning of Period)

Monthly	Post Confirmation Total
\$ none	none

2. INCOME or RECEIPTS during the Period

\$ none	\$
---------	----

3. DISBURSEMENTS

a. Operating Expenses (Fees/Taxes):

- (i) U.S. Trustee Quarterly Fees
- (ii) Federal Taxes
- (iii) State Taxes
- (iv) Other Taxes

\$	\$

b. All Other Operating Expenses:

\$	\$

c. Plan Payments:*

- (i) Administrative Claims
- (ii) Class One
- (iii) Class Two
- (iv) Class Three
- (v) Class Four

\$	\$

(Attach additional pages as needed)

Total Disbursements (Operating & Plan)

\$ none	\$
---------	----

1. CASH (End of Period)

\$ none	\$
---------	----

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

**CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS**

Case Name: MDRX Medical Billing, LLC
Case Number: 18-71764
Date of Plan Confirmation:

All items must be answered. Any which do not apply should be answered "none" or "N/A".

1. CASH (Beginning of Period)

Monthly	Post Confirmation Total
\$ none	none

2. INCOME or RECEIPTS during the Period

\$ none	\$
---------	----

3. DISBURSEMENTS

a. Operating Expenses (Fees/Taxes):

- (i) U.S. Trustee Quarterly Fees
- (ii) Federal Taxes
- (iii) State Taxes
- (iv) Other Taxes

\$	\$

b. All Other Operating Expenses:

\$	\$

c. Plan Payments:*

- (i) Administrative Claims
- (ii) Class One
- (iii) Class Two
- (iv) Class Three
- (v) Class Four

\$	\$

(Attach additional pages as needed)

Total Disbursements (Operating & Plan)

\$ none	\$
---------	----

1. CASH (End of Period)

\$ none	\$
---------	----

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

**CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS**

Case Name: VEGA Medical Professionals, LLC
Case Number: 18-71765
Date of Plan Confirmation:

All items must be answered. Any which do not apply should be answered "none" or "N/A".

1. CASH (Beginning of Period)

Monthly	Post Confirmation Total
\$ none	none

2. INCOME or RECEIPTS during the Period

\$ none	\$
---------	----

3. DISBURSEMENTS

a. Operating Expenses (Fees/Taxes):

- (i) U.S. Trustee Quarterly Fees
- (ii) Federal Taxes
- (iii) State Taxes
- (iv) Other Taxes

\$	\$

b. All Other Operating Expenses:

\$	\$

c. Plan Payments:*

- (i) Administrative Claims
- (ii) Class One
- (iii) Class Two
- (iv) Class Three
- (v) Class Four

\$	\$

(Attach additional pages as needed)

Total Disbursements (Operating & Plan)

\$ none	\$
---------	----

1. CASH (End of Period)

\$ none	\$
---------	----

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

All items must be answered. Any which do not apply should be answered “none” or “N/A”.

- * This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.**

**CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS**

Case Name: Allegiance Billing & Consulting, LLC
Case Number: 18-71767
Date of Plan Confirmation:

All items must be answered. Any which do not apply should be answered "none" or "N/A".

1. CASH (Beginning of Period)

Monthly	Post Confirmation Total
\$ none	none

2. INCOME or RECEIPTS during the Period

\$ none	\$
---------	----

3. DISBURSEMENTS

a. Operating Expenses (Fees/Taxes):

- (i) U.S. Trustee Quarterly Fees
- (ii) Federal Taxes
- (iii) State Taxes
- (iv) Other Taxes

\$	\$

b. All Other Operating Expenses:

\$	\$

c. Plan Payments:*

- (i) Administrative Claims
- (ii) Class One
- (iii) Class Two
- (iv) Class Three
- (v) Class Four

\$	\$

(Attach additional pages as needed)

Total Disbursements (Operating & Plan)

\$ none	\$
---------	----

1. CASH (End of Period)

\$ none	\$
---------	----

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

All items must be answered. Any which do not apply should be answered “none” or “N/A”.

- * This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.**

**CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS**

Case Name: New York Network Management, LLC
Case Number: 18-74545
Date of Plan Confirmation:

All items must be answered. Any which do not apply should be answered "none" or "N/A".

1. CASH (Beginning of Period)

Monthly	Post Confirmation Total
\$ none	none

2. INCOME or RECEIPTS during the Period

\$ none	\$
---------	----

3. DISBURSEMENTS

a. Operating Expenses (Fees/Taxes):

- (i) U.S. Trustee Quarterly Fees
- (ii) Federal Taxes
- (iii) State Taxes
- (iv) Other Taxes

\$	\$

b. All Other Operating Expenses:

\$	\$

c. Plan Payments:*

- (i) Administrative Claims
- (ii) Class One
- (iii) Class Two
- (iv) Class Three
- (v) Class Four

\$	\$

(Attach additional pages as needed)

Total Disbursements (Operating & Plan)

\$ none	\$
---------	----

1. CASH (End of Period)

\$ none	\$
---------	----

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

Form 2

Cash Receipts And Disbursements Record

Page: 1

Case No.: 18-71748
Case Name: The Orion Liquidating Trust
Taxpayer ID #: **_***5196
For Period Ending: 03/31/2021

Trustee Name: Howard M. Ehrenberg (001350)
Bank Name: Metropolitan Commercial Bank
Account #: *****2973 MMA
Blanket Bond (per case limit): \$0.00
Separate Bond (if applicable): N/A

1	2	3	4		5	6	7
Trans. Date	Check or Ref. #	Paid To / Received From	Description of Transaction	Uniform Tran. Code	Deposit \$	Disbursement \$	Account Balance
03/03/21			settlement payment	1249-000	9,500,000.00		14,510,099.34
03/04/21		To Account #*****2415	transfer	9999-000		3,382,500.00	11,127,599.34
03/10/21			settlement funds	1249-000	3,750,000.00		14,877,599.34
03/11/21		To Account #*****2415	transfer	9999-000		150,000.00	14,727,599.34
03/11/21		To Account #*****2415	transfer	9999-000		150,000.00	14,577,599.34
03/16/21		To Account #*****2415	transfer	9999-000		9,000,000.00	5,577,599.34
03/17/21		To Account #*****2415	transfer	9999-000		1,315,425.00	4,262,174.34
03/31/21	Int	Metropolitan Commercial Bank	Interest Posting	1270-000	1,772.20		4,263,946.54

COLUMN TOTALS

Less: Bank Transfers/CDs

Subtotal

Less: Payments to Debtors

NET Receipts / Disbursements**13,251,772.20**

0.00

13,251,772.20

0.00

\$13,251,772.20**13,997,925.00**

13,997,925.00

0.00

0.00

\$0.00**\$4,263,946.54**

Form 2

Cash Receipts And Disbursements Record

Page: 2

Case No.: 18-71748
Case Name: The Orion Liquidating Trust
Taxpayer ID #: **_***5196
For Period Ending: 03/31/2021

Trustee Name: Howard M. Ehrenberg (001350)
Bank Name: Metropolitan Commercial Bank
Account #: *****7398 Checking
Blanket Bond (per case limit): \$0.00
Separate Bond (if applicable): N/A

1	2	3	4		5	6	7
Trans. Date	Check or Ref. #	Paid To / Received From	Description of Transaction	Uniform Tran. Code	Deposit \$	Disbursement \$	Account Balance
(No transactions on file for this period)			COLUMN TOTALS		0.00	0.00	\$0.00
			Less: Bank Transfers/CDs		0.00	0.00	
			Subtotal		0.00	0.00	
			Less: Payments to Debtors			0.00	
			NET Receipts / Disbursements		\$0.00	\$0.00	

Form 2

Cash Receipts And Disbursements Record

Page: 3

Case No.: 18-71748
Case Name: The Orion Liquidating Trust
Taxpayer ID #: **_****5196
For Period Ending: 03/31/2021

Trustee Name: Howard M. Ehrenberg (001350)
Bank Name: Metropolitan Commercial Bank
Account #: *****2415 Checking
Blanket Bond (per case limit): \$0.00
Separate Bond (if applicable): N/A

1	2	3	4		5	6	7
Trans. Date	Check or Ref. #	Paid To / Received From	Description of Transaction	Uniform Tran. Code	Deposit \$	Disbursement \$	Account Balance
03/02/21	280	Iron Mountain	invoice for customer CSS4R March 2021 invoice DLDV166	2420-000		1,438.66	108,855.12
03/02/21	281	Iron Mountain	invoice number DLBC182 customer N3M9R storage February 2021	2420-000		640.91	108,214.21
03/02/21	282	Howard Ehrenberg	fee payment re March	2100-000		15,000.00	93,214.21
03/02/21	283	SulmeyerKupetz	invoice 2424883 services rendered through February 28, 2021	3110-000		34,230.70	58,983.51
03/02/21	284	Duane Morris LLP	invoice no. 2751706 February 2021 services	3210-600		13,083.80	45,899.71
03/02/21	285	JAMS	invoice 5574184 mediation deposit	3721-000		9,000.00	36,899.71
03/04/21		To Account #*****2415	transfer	9999-000	3,382,500.00		3,419,399.71
03/04/21	286	Thomas, Alexander, Forrester & Sorensen LLP	contingency fee and expense bill re			3,384,436.95	34,962.76
			\$9,500,000	3210-600			
			\$3,325,000.00				
			expense bill	3220-610			
			\$59,436.95				
03/04/21	287	Holthouse Carlin & Van Trigt LLP	invoice no. 2051787 February 2021 services	3410-000		9,893.50	25,069.26
03/05/21	288	River House One Rockefeller Park	account number 1412	2420-000		7,856.92	17,212.34
03/11/21		To Account #*****2415	transfer	9999-000	150,000.00		167,212.34
03/11/21		To Account #*****2415	transfer	9999-000	150,000.00		317,212.34
03/11/21	289	Epiq Corporate Restructuring LLC	invoice no. 90524594 February 2021 services Customer No. 3006883	2990-000		3,709.17	313,503.17
03/11/21	290	FTI Consulting, Inc.	invoice no. 7576156 February 2021			70,060.65	243,442.52
			expenses	3732-000			
			\$10,959.45				
			professional services	3731-000			
			\$59,101.20				
03/11/21	291	Reed Smith LLP	invoice no. 3375480 February 2021 services client number 361500	3210-600		115,400.48	128,042.04
03/15/21	292	JAMS	invoice 5571340 mediation deposit	3721-000		9,000.00	119,042.04
03/15/21	293	LAGALANTE PLLC	invoice no. 28375 February 2021 services	3210-600		162.00	118,880.04
03/16/21		To Account #*****2415	transfer	9999-000	9,000,000.00		9,118,880.04

Page Subtotals: \$12,682,500.00 \$3,673,913.74

{ } Asset Reference(s)

! - transaction has not been cleared

Form 2

Cash Receipts And Disbursements Record

Page: 4

Case No.: 18-71748
Case Name: The Orion Liquidating Trust
Taxpayer ID #: **_***5196
For Period Ending: 03/31/2021

Trustee Name: Howard M. Ehrenberg (001350)
Bank Name: Metropolitan Commercial Bank
Account #: *****2415 Checking
Blanket Bond (per case limit): \$0.00
Separate Bond (if applicable): N/A

1	2	3	4		5	6	7
Trans. Date	Check or Ref. #	Paid To / Received From	Description of Transaction	Uniform Tran. Code	Deposit \$	Disbursement \$	Account Balance
03/16/21	294	Schnader Harrison Segal & Lewis LLP	invoice 3042877 matter *****-0024 services December 2020	3992-000		3,551.25	9,115,328.79
03/17/21		To Account #*****2415	transfer	9999-000	1,315,425.00		10,430,753.79
03/17/21	295	Thomas, Alexander, Forrester & Sorensen LLP	contingency fee and expense bill re settlement			1,315,425.00	9,115,328.79
			\$3,750,000	3210-600			
			\$1,312,500.00				
			expense bill	3220-610			
			\$2,925.00				
03/17/21		Stifel Bank & Trust	secured lender sixth distribution	4110-000		843,750.00	8,271,578.79
03/17/21		Bank of America	secured lender sixth distribution	4110-000		3,413,793.12	4,857,785.67
03/17/21		KeyBank National Association	secured lender sixth distribution	4110-000		1,348,060.33	3,509,725.34
03/17/21		Woodforest National Bank	secured lender sixth distribution	4110-000		1,125,000.00	2,384,725.34
03/17/21		BMO Harris Bank NA	secured lender sixth distribution	4110-000		2,269,396.55	115,328.79
03/23/21	296	Phillips ADR Enterprises, P.C.	invoice nos. 19037 and 19239			! 6,600.00	108,728.79
			invoice no. 19037	3721-000			
			\$2,100.00				
			invoice no. 19239	3110-000			
			\$4,500.00				
03/29/21		Hahn & Hessen LLP	refund-mediator	3991-000		-2,650.00	111,378.79
03/29/21	297	Public Storage	rental charges April 2021 Units E034 and E035	2420-000		! 684.00	110,694.79

COLUMN TOTALS

13,997,925.00 13,997,523.99 \$110,694.79

Less: Bank Transfers/CDs

13,997,925.00 0.00

Subtotal

0.00 13,997,523.99

Less: Payments to Debtors

0.00

NET Receipts / Disbursements

\$0.00 \$13,997,523.99

Form 2

Cash Receipts And Disbursements Record

Page: 5

Case No.: 18-71748
Case Name: The Orion Liquidating Trust
Taxpayer ID #: **_****5196
For Period Ending: 03/31/2021

Trustee Name: Howard M. Ehrenberg (001350)
Bank Name: Metropolitan Commercial Bank
Account #: *****3515 Destra Account
Blanket Bond (per case limit): \$0.00
Separate Bond (if applicable): N/A

1	2	3	4		5	6	7
Trans. Date	Check or Ref. #	Paid To / Received From	Description of Transaction	Uniform Tran. Code	Deposit \$	Disbursement \$	Account Balance
03/31/21	Int	Metropolitan Commercial Bank	Interest Posting	1270-000	7,528.65		55,521,794.60
COLUMN TOTALS					7,528.65	0.00	\$55,521,794.60
Less: Bank Transfers/CDs					0.00	0.00	
Subtotal					7,528.65	0.00	
Less: Payments to Debtors						0.00	
NET Receipts / Disbursements					\$7,528.65	\$0.00	

Form 2

Page: 6

Cash Receipts And Disbursements Record

Case No.: 18-71748
Case Name: The Orion Liquidating Trust
Taxpayer ID #: **_***5196
For Period Ending: 03/31/2021

Trustee Name: Howard M. Ehrenberg (001350)
Bank Name: Metropolitan Commercial Bank
Account #: *****3515 Destra Account
Blanket Bond (per case limit): \$0.00
Separate Bond (if applicable): N/A

TOTAL - ALL ACCOUNTS	NET DEPOSITS	NET DISBURSEMENTS	ACCOUNT BALANCES
*****2973 MMA	\$13,251,772.20	\$0.00	\$4,263,946.54
*****7398 Checking	\$0.00	\$0.00	\$0.00
*****2415 Checking	\$0.00	\$13,997,523.99	\$110,694.79
*****3515 Destra Account	\$7,528.65	\$0.00	\$55,521,794.60
	\$13,259,300.85	\$13,997,523.99	\$59,896,435.93

Type	Ref.	Issued	Cleared / Stopped / Voided	Paid To	Amount
Total:					\$0.00

Type	Ref.	Issued	Cleared / Stopped / Voided	Paid To	Amount
				Total:	\$0.00

Mr. Howard Ehrenberg
333 South Grand Ave
Suite 3400
Los Angeles CA 90071

Case Number 18-71748
Case Name The Orion Liquidating Trust
DEBTOR
Trustee Number 001350
Trustee Name Mr. Howard Ehrenberg
TRUSTEE

Questions:
800.634.7734
banking.services@stretto.com
www.stretto.com

Consolidated Balance Summary

Account	Number	Ending Balance Prior Period	Ending Balance This Period
Checking Account			
TRUSTEE CHECKING	2415	\$180,821.68	\$119,603.79
Money Market			
MONEY MARKET	2973	\$5,010,099.34	\$4,263,946.54
MONEY MARKET	3515	\$55,514,265.95	\$55,521,794.60
Total		\$60,705,186.97	\$59,905,344.93

MONEY MARKET

Account Number: 12973

Enclosures	0	Beginning Balance	\$5,010,099.34
Avg Collected Balance	\$7,840,663.73	+Total Additions	\$13,251,772.20
Interest Paid Year to Date	\$3,043.08	-Total Subtractions	\$13,997,925.00
		Ending Balance	\$4,263,946.54

* Indicates a Skip in Check Number(s)
"E" Indicate an Electronic Check

Debits

Date	Description	Subtractions
03-04	Transfer from 2973 to 2415	\$3,382,500.00
03-11	Transfer from 2973 to 2415	\$150,000.00
03-12	Transfer from 2973 to 2415	\$150,000.00
03-16	Transfer from 2973 to 2415	\$9,000,000.00
03-17	Transfer from 2973 to 2415	\$1,315,425.00

Credits

Date	Description	Additions
03-03	WIRE	\$9,500,000.00
03-10	WIRE	\$3,750,000.00
03-31	INTEREST PAID 2/27 THROUGH 3/31	\$1,772.20

Daily Balances

Date	Amount	Date	Amount	Date	Amount
03-03	\$14,510,099.34	03-04	\$11,127,599.34	03-10	\$14,877,599.34
03-11	\$14,727,599.34	03-12	\$14,577,599.34	03-16	\$5,577,599.34
03-17	\$4,262,174.34	03-31	\$4,263,946.54		



Interest Information

Annual percentage yield earned	0.25%
Interest-bearing days	33
Average balance for APY	\$7,840,663.73
Interest earned	\$1,772.20

Note: When the statement period end date falls on a weekend (Saturday or Sunday) or bank holiday, the posted interest reflects calculations only up to the prior business day (e.g. Friday) before the period end date. Interest accrued after the last business day will be reflected in the next month's statement.

TRUSTEE CHECKING

Account Number: XXXXXXXXXX 2415

Enclosures	19	Beginning Balance	\$180,821.68
		+Total Additions	\$14,000,575.00
		-Total Subtractions	\$14,061,792.89
		Ending Balance	\$119,603.79

* Indicates a Skip in Check Number(s)
"E" Indicate an Electronic Check

Checks

Check #	Date	Amount
277	03-02	\$52,590.90
278	03-02	\$684.00
279	03-02	\$15,628.00
280	03-04	\$1,438.66
281	03-05	\$640.91
282	03-08	\$15,000.00
283	03-08	\$34,230.70
284	03-10	\$13,083.80
285	03-04	\$9,000.00
286	03-15	\$3,384,436.95
287	03-08	\$9,893.50
288	03-10	\$7,856.92
289	03-19	\$3,709.17
290	03-16	\$70,060.65
291	03-18	\$115,400.48
292	03-17	\$9,000.00
293	03-25	\$162.00
294	03-23	\$3,551.25
295	03-22	\$1,315,425.00

Debits

Date	Description	Subtractions
03-17	WIRE TO Stifel Bank & Trust	\$843,750.00
03-17	WIRE TO Bank of America	\$3,413,793.12
03-17	WIRE TO BMO Harris Bank NA	\$2,269,396.55
03-17	WIRE TO KeyBank National Associat	\$1,348,060.33
03-17	WIRE TO Woodforest National Bank	\$1,125,000.00



Credits

Date	Description	Additions
03-04	Transfer from 2973 to 2415	\$3,382,500.00
03-11	Transfer from 2973 to 2415	\$150,000.00
03-12	Transfer from 2973 to 2415	\$150,000.00
03-16	Transfer from 2973 to 2415	\$9,000,000.00
03-17	Transfer from 2973 to 2415	\$1,315,425.00
03-31	DEP 10004	\$2,650.00

Daily Balances

Date	Amount	Date	Amount	Date	Amount
03-02	\$111,918.78	03-04	\$3,483,980.12	03-05	\$3,483,339.21
03-08	\$3,424,215.01	03-10	\$3,403,274.29	03-11	\$3,553,274.29
03-12	\$3,703,274.29	03-15	\$318,837.34	03-16	\$9,248,776.69
03-17	\$1,555,201.69	03-18	\$1,439,801.21	03-19	\$1,436,092.04
03-22	\$120,667.04	03-23	\$117,115.79	03-25	\$116,953.79
03-31	\$119,603.79				

MONEY MARKET

Account Number: [REDACTED] 3515

Enclosures	0	Beginning Balance	\$55,514,265.95
Avg Collected Balance	\$55,514,265.95	+Total Additions	\$7,528.65
Interest Paid Year to Date	\$20,530.39	-Total Subtractions	\$0.00
		Ending Balance	\$55,521,794.60

* Indicates a Skip in Check Number(s)
"E" Indicate an Electronic Check

Credits

Date	Description	Additions
03-31	INTEREST PAID 2/27 THROUGH 3/31	\$7,528.65

Daily Balances

Date	Amount	Date	Amount	Date	Amount
03-31	\$55,521,794.60				

Interest Information

Annual percentage yield earned	0.15%
Interest-bearing days	33
Average balance for APY	\$55,514,265.95
Interest earned	\$7,528.65

Note: When the statement period end date falls on a weekend (Saturday or Sunday) or bank holiday, the posted interest reflects calculations only up to the prior business day (e.g. Friday) before the period end date. Interest accrued after the last business day will be reflected in the next month's statement.

03/04/2021	280	\$1,438.66
------------	-----	------------

03/10/2021	284	\$13,083.80
------------	-----	-------------

THIS CHECK IS VOID WITHOUT A BLUE AND GREEN BACKGROUND AND A TRUE WATERMARK - HOLD AT AN ANGLE TO VIEW

Howard M. Ehrenberg, Liquidating Trustee
333 South Grand Ave. Suite 3400
Los Angeles, CA 90071

Metropolitan Commercial Bank
New York, NY
(212) 365-6739 for EBanking

285
1-1335260

VOID AFTER 90 DAYS

Debtor
THE ORION LIQUIDATING TRUST(18-71748)

Date 03/02/2021

Invoice 5574184 modification deposit

\$ *****9,000.00

---Nine ThousandDollars and 00/100

Pay to the Order of
JAMS
PO Box 845402
Los Angeles, CA 90084

Howard M. Ehrenberg

03/04/2021 285 \$9,000.00

ENDORSE HERE

CHECK HERE AFTER ROUTE OR REMOVE IT

DO NOT SIGN OR WRITE ON THE BACK

THE FEDERALLY INSURED DEPOSIT FUNDING CORPORATION (FDIC) IS A MEMBER OF THE FEDERAL RESERVE SYSTEM

03/04/2021 285 \$9,000.00

THIS CHECK IS VOID WITHOUT A BLUE AND GREEN BACKGROUND AND A TRUE WATERMARK - HOLD AT AN ANGLE TO VIEW

Howard M. Ehrenberg, Liquidating Trustee
333 South Grand Ave. Suite 3400
Los Angeles, CA 90071

Metropolitan Commercial Bank
New York, NY
(212) 365-6739 for EBanking

286
1-1335260

VOID AFTER 90 DAYS

Debtor
THE ORION LIQUIDATING TRUST(18-71748)

Date 03/04/2021

contingency fee and expense bill re [redacted] document

\$ ****3,384,436.95

---Three Million Three Hundred Eighty Four Thousand Four Hundred Thirty Six Dollars and 95/100

Pay to the Order of
Thomas, Alexander, Forrester & Sorensen LLP
14 27th Avenue
Venice, CA 90291

Howard M. Ehrenberg

03/15/2021 286 \$3,384,436.95

ENDORSE HERE

Credit to the Account of
Ethan Mann
Ch. American Business Bank
DATE 18-280
03-10-21-34

03122021 001020001510780 122042807

03/15/2021 286 \$3,384,436.95

THIS CHECK IS VOID WITHOUT A BLUE AND GREEN BACKGROUND AND A TRUE WATERMARK - HOLD AT AN ANGLE TO VIEW

Howard M. Ehrenberg, Liquidating Trustee
333 South Grand Ave. Suite 3400
Los Angeles, CA 90071

Metropolitan Commercial Bank
New York, NY
(212) 365-6739 for EBanking

287
1-1335260

VOID AFTER 90 DAYS

Debtor
THE ORION LIQUIDATING TRUST(18-71748)

Date 03/04/2021

Invoice no. 2051787 February 2021 services

\$ *****9,893.50

---Nine Thousand Eight Hundred Ninety Three Dollars and 50/100

Pay to the Order of
Hobhouse Carlin & Van Trigt LLP
File 1404
1801 W. Olympic Blvd.
Pasadena, CA 91199-1404

Howard M. Ehrenberg

03/08/2021 287 \$9,893.50

ENDORSE HERE

FOR DEPOSIT ONLY
AT THE BANK OF AMERICA
ACCOUNT 11201805

03/08/2021 287 \$9,893.50

THIS CHECK IS VOID WITHOUT A BLUE AND GREEN BACKGROUND AND A TRUE WATERMARK - HOLD AT AN ANGLE TO VIEW

Howard M. Ehrenberg, Liquidating Trustee
333 South Grand Ave. Suite 3400
Los Angeles, CA 90071

Metropolitan Commercial Bank
New York, NY
(212) 365-6739 for EBanking

288
1-1335260

VOID AFTER 90 DAYS

Debtor
THE ORION LIQUIDATING TRUST(18-71748)

Date 03/05/2021

account number 28701412

\$ *****7,856.92

---Seven Thousand Eight Hundred Fifty Six Dollars and 92/100

Pay to the Order of
River House One Rockefeller Park


Howard M. Ehrenberg

03/10/2021 288 \$7,856.92

ENDORSE HERE

CHECK HERE AFTER ROUTE OR REMOVE DEPOSIT

03/10/2021 288 \$7,856.92

VOID WITHOUT A BLUE BACKGROUND AND A TRUE WATERMARK • HOLD TO LIGHT TO VIEW	
Howard M. Ehrenberg, Liquidating Trustee 333 South Grand Ave. Suite 3400 Los Angeles, CA 90071	Metropolitan Commercial Bank New York, NY (212) 365-6739 for EBanking
	289 1-1335/260
VOID AFTER 90 DAYS	
Debtor	
THE ORION LIQUIDATING TRUST(18-71748)	Date 03/11/2021
Invoice no. 90524594 February 2021 services Customer No. 3006083	\$ *****3,709.17
---Three Thousand Seven Hundred and Nine Dollars and 17/100	
Pay to the Order of Epiq Corporate Restructuring LLC Dept 0255 P.O. Box 120255 Dallas, TX 75312-0255	 Howard M. Ehrenberg

03/19/2021	289	\$3,709.17
------------	-----	------------

EXTERNAL STATE _____ _____ _____		<input type="checkbox"/> CHECK HERE IF MOBILE DEPOSIT DEPOSITED BY DEPOSITED FOR FINANCIAL INSTITUTION USE
00000 0890255 00001 0002 03-18-2021 "BNYMELLON CRED TO PAYEE ABS END GUAR		3/18/21 11:28:47 4105361 001 003 1326 00000

03/19/2021	289	\$3,709.17
------------	-----	------------

THIS CHECK IS VOID WITHOUT A BLUE AND GREEN BACKGROUND AND A TRUE WATERMARK - HOLD AT AN ANGLE TO VIEW

Howard M. Ehrenberg, Liquidating Trustee
333 South Grand Ave, Suite 3400
Los Angeles, CA 90071

Metropolitan Commercial Bank
New York, NY
(212) 365-4739 for EBanking

290
1-1355260

VOID AFTER 90 DAYS

Toll-free

THE ORION LIQUIDATING TRUST(18-71748)

Date 03/1/2021

1440

Invoice no. 7276156 February 2021

\$ *****70,060.65

—Seventy Thousand Sixty Dollars and 65/100

Pay to the
Order of
FTI Consulting, Inc.
PO Box 418005
Bos-ton, MA 02241-8005

Howard M. Ehrenberg

03/16/2021	290	\$70,060.65
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[illegible]

03/16/2021	290	\$70,060.65
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THIS CHECK IS VOID WITHOUT A BLUE AND GREEN BACKGROUND AND A TRUE WATERMARK - HOLD AT AN ANGLE TO VIEW

Howard M. Ehrenberg, Liquidating Trustee
333 South Grand Ave, Suite 3400
Los Angeles, CA 90071

Metropolitan Commercial Bank
New York, NY
(312) 365-4339 for Eftanking

291
1-1335/260

VOID AFTER 90 DAYS

PAY TO THE ORDER OF

THE ORION LIQUIDATING TRUST(18-71748)

Date 03/11/2021

Invoice no. 3375480 February 2021 services client number 361500

\$ *****115,400.48

—One Hundred Fifteen Thousand Four Hundred Dollars and 48/100

Pay to the
Order of

Reed Smith LLP
PO Box 393489
San Francisco, CA 94139-3489

Howard M. Ehrenberg

03/18/2021	291	\$115,400.48
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[illegible]

03/18/2021	291	\$115,400.48
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THIS CHECK IS VOID WITHOUT A BLUE AND GREEN BACKGROUND AND A TRUE WATERMARK - HOLD AT AN ANGLE TO VIEW

Howard M. Ehrenberg, Liquidating Trustee
333 South Grand Ave. Suite 3400
Los Angeles, CA 90071

Metropolitan Commercial Bank
New York, NY
(212) 365-4739 for EIMarketing

292

1-1335/260

VOID AFTER 90 DAYS

Debit to

THE ORION LIQUIDATING TRUST(18-71748)

Date 03/15/2021

2440


Invoice 2571340 mediation deposit

\$ *****9,000.00

-----Nine Thousand Dollars and 00/100

Pay to the
Order of

JAMS
PO Box 845402
Los Angeles, CA 90084


Howard M. Ehrenberg

03/17/2021	292	\$9,000.00
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[illegible]

03/17/2021	292	\$9,000.00
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THIS CHECK IS VOID WITHOUT A BLUE AND GREEN BACKGROUND AND A TRUE WATERMARK - HOLD AT AN ANGLE TO VIEW

Howard M. Ehrenberg, Liquidating Trustee
333 South Grand Ave. Suite 3400
Los Angeles, CA 90071

Metropolitan Commercial Bank
New York, NY
(212) 365-6739 for EBanking

293
1-333/260

VOID AFTER 90 DAYS

Order
THE ORION LIQUIDATING TRUST(18-71748)

Date 03/15/2021

Invoice no. 25375 February 2021 services

\$ *****162.00

One Hundred Sixty Two Dollars and 00/100

Pay to the Order of
LAGALANTE PLLC
3 W. 35th Street, 6th Floor
New York, NY 10001

Howard M. Ehrenberg

03/25/2021 293 \$162.00

FOR DEPOSIT ONLY TO CREDIT OF PAYEE / SCHNADER HARRISON SEGAL & LEWIS LLP

3/24/2021
RDC Deposit ConnectOne Bank 021213944
770862568000020

03/25/2021 293 \$162.00

THIS CHECK IS VOID WITHOUT A BLUE AND GREEN BACKGROUND AND A TRUE WATERMARK - HOLD AT AN ANGLE TO VIEW

Howard M. Ehrenberg, Liquidating Trustee
333 South Grand Ave. Suite 3400
Los Angeles, CA 90071

Metropolitan Commercial Bank
New York, NY
(212) 365-6739 for EBanking

294
1-333/260

VOID AFTER 90 DAYS

Order
THE ORION LIQUIDATING TRUST(18-71748)

Date 03/16/2021

Invoice 3642877 notice 600206-0024 services December 2020

\$ *****3,551.25

Three Thousand Five Hundred Fifty One Dollars and 25/100

Pay to the Order of
Schnader Harrison Segal & Lewis LLP
1600 Market Street, Suite 3600
Arlim David Babcock
Philadelphia, PA 19103-7285

Howard M. Ehrenberg

03/23/2021 294 \$3,551.25

FOR DEPOSIT ONLY TO CREDIT OF PAYEE / SCHNADER HARRISON SEGAL & LEWIS LLP

03/23/2021 294 \$3,551.25

03/23/2021 294 \$3,551.25

THIS CHECK IS VOID WITHOUT A BLUE AND GREEN BACKGROUND AND A TRUE WATERMARK - HOLD AT AN ANGLE TO VIEW

Howard M. Ehrenberg, Liquidating Trustee
333 South Grand Ave. Suite 3400
Los Angeles, CA 90071

Metropolitan Commercial Bank
New York, NY
(212) 365-6739 for EBanking

295
1-333/260

VOID AFTER 90 DAYS

Order
THE ORION LIQUIDATING TRUST(18-71748)

Date 03/17/2021

Vote/expense fee and expense bill re settlement

\$ ***1,315,425.00

One Million Three Hundred Fifteen Thousand Four Hundred Twenty Five Dollars and 00/100

Pay to the Order of
Thomas, Alexander, Forrester & Sorensen LLP
14 27th Avenue
Venice, CA 90291

Howard M. Ehrenberg

03/22/2021 295 \$1,315,425.00

03192021-204034002034460-122042807

03/22/2021 295 \$1,315,425.00

In case of errors or questions about your account telephone Stretto at: 800.634.7734 or email us at: banking.services@stretto.com

As soon as you recognize an error, or if you need more information about a transaction listed on the statement or receipt:

Please Provide:

- Name and account number.
- A detailed explanation of why you believe there is an error or why you need more information.
- The dollar amount of the suspected error.
- We must hear from you no later than 60 days after we sent you the FIRST statement on which the error appeared.

We will investigate your disputed transactions and correct any error promptly. If not resolved within 10 business days, Metropolitan Commercial Bank will credit your account for the amount in error, and notify you within 2 business days, so that you may use the funds during the time it takes us to complete our investigation.